



MINUTES

Transitions Stakeholder Advisory Council

Google Hangout Weblink: meet.google.com/emq-kfpb-aex
Google Hangout Call-in: +1 470-268-2030
PIN: 614 405 288#

Thursday, September 2, 2021
2:30 – 4:30 p.m.

COUNCIL MEMBERS

- Clarice Ambler, DRCOG X
- Meghan Baker, Disability Law Colorado X
- Anne Bartels, Sandata X
- Amy Dixon, CPWD X
- Monique Flemings, AHOD Services
- Paige Gallaher, Atlantis X
- Jennifer Giurgila, Jefferson County X
- Fallon Gillespie, Rocky Mountain Human Services X
- Jennifer Krulewich, Focus Cares X
- Tracy Martinez, Touch of Care
- Ryan McGee, DRCOG X
- Jenn Ochs X
- Neal Waite, ADRC Region 3B X
- Miriam White, SJBAAA X

Attendance Link: <https://forms.gle/EDaybu73WZAnPZH7>

1. Welcome and Introductions

2:30 p.m.

- Approval of the August Minutes Minutes were approved.
- Purpose of Today’s Meeting Katy provided and update on today’s agenda, Todd Wilson with CMS is joining us today, will discuss program updates with partners at DOLA and other HCPF members on the call, and majority of the time today will be sent reviewing the MFP proposal, have time for council updates and



changes discussed during last meeting and concluding with open forum to share questions or comments.

2. Conversation with CMS' Todd Wilson

2:40 p.m.

Matt introduced Todd Wilson with CMS, the Department's Federal partner with MFP who will share program goals, objectives and answer questions submitted ahead of time by the group.

What is the overall/national goal of MFP?

Todd shared his background includes working with the MFP program for Colorado as well as several other MFP states. He works with other project officers and grant specialists in implementation of the program. Todd shared he's excited about what's happened in CO since initial award in 2011 and moving forward to implement goals of the MFP program to make HCBS much stronger. The goal of MFP is designed to achieve four primary objectives including rebalancing, MFP continuity of service, quality assurance and quality improvement. All addressing how we can effectively balance LTSS within in the state from institution to the community. In 2010, CMS put out announcement of MFP and Colorado joined. In 2020, reauthorization of program to interject new energy into the MFP program and allowed full funding through Sept 2023 to help us move forward for a number of years. Capacity building initiative provided opportunity for states to do things for additional funding.

Milestone was reached in 2020 as over 100K people transitioned through the end of the year. Todd shared that 2020 was tough as states thought the program was ending in 2020 and when it was reauthorized, they had to pivot and with the Covid-19 PHE there was a pause. Over the past year, went from 44 state programs to 37 states. MFP and other related initiatives for LTSS ratio has changed. LTSS annual expenditure report from Medicaid from 2017 and 2018 shows that CO in FY2018 achieved 62.1% HCBS putting CO in the top quartile of states. Link to report: [Medicaid Long Term Services and Supports Annual Expenditures Report, Federal Fiscal Years 2017 and 2018](#)

Second goal of MFP is for Medicaid eligible individuals to receive supports for LTSS including the housing voucher/section 811 program, implementation of the homestead plan, transition services to Medicaid state plan to effect change, peer counseling and promoted employment. Third goal, continuity of service to ensure services are available for eligible recipients. Fourth goal quality assurance and quality improvement, for Medicaid HCBS recipients and where MFP has afforded states opportunity to collaborate to review HCBS infrastructure to make quality changes to further expand and enhance HCBS.



What do you see as the biggest challenges of MFP across the county?

Todd started by saying the #1 issue is affordable housing and vouchers. MFP providers need to work together to come up with ways to collaborate and look at ways to expand opportunities in CO as well as Federally. Another big issue is the Direct Service workforce shortage in an issue and hiring qualified individuals. The lengthy transition periods are an issue and goal is to have transitions move in a timely manner. Need to work on breaking down silos and collaborate appropriately to provide quality assurance and improve HCBS.

Good the funding is available through 2023 and beyond if still available in the State. Challenge not knowing if program is going to extend beyond a year or two after 2023. Congress changed length of stay from 90 days to 60 days. Someone that goes in facility for rehab, best way is to work on transitioning them out from day 1 so it doesn't make it harder for the person to get into housing.

What does the future of MFP look like for states? What is the nature of any current legislation that looks to either extend or authorize MFP beyond the current scope?

Zero income members, rural issues and isolation are all issues in CO and would be good to know how other states address these areas of concern. It varies state by state, there are opportunities for states to connect with one another to share their ideas. If CO has a concern, can work with other states to see how they tackle these issues.

What does the future of MFP look like for states? What is the nature of any current legislation that looks to either extend or authorize MFP beyond the current scope?

MFP is currently funded through September 30, 2023 and funding is available for additional 4 years if state has funds left. There are a few pieces of legislation to make MFP permanent including S. 2210, Better Care Better Jobs Act developed through the Senate Better care better jobs act, and HR4131. Both look to make H.R. 1880 permanent. Language in all 3 bills removes the end date and allows for reappropriation of funding on annual basis. Todd said there is a lot of support out there for MFP including capacity building supplemental funding, expansion of HCBS, facility transitions, housing and direct service workforce. Looking to open to more states in next year.

Has MFP looked at other settings, or potential evolution of program and other transitions? For example, are there thoughts about how members in settings such as; hospitals, jails, etc., would benefit from MFP or MFP-like supports?

MFP looked at other settings including hospitals and jails. The challenge is MFP most comply with statutory language and must be from qualified institution to qualified setting. States are talking about how they can use program to divert and prevent someone from going into institution in first place.

Open to Comments/Q&A from the Group

Ian shared thoughts, running into concerns on how OC is implemented. Ian was with ADAPT, a group that provided disability training with CMS. Everyone has the right to explore options to live in community and thinks we shouldn't screen people out on the front end. MFP should really be used to follow the person. Todd agreed there should be equal access with individuals looking to transition. Is there way state can identify process so if someone wants to transition, they have equal access and pathway to get there? Ian said it's how messaging is presented to individual that makes a huge difference. Todd said having these meetings and talking about what works and doesn't is key to get where we need to be. Helps us move whole system forward. Ian said he's very proud of CO and what we've done here. Todd said we've done a tremendous amount of work in the state and should be proud of what we've done. Ian also shared we need to be able to get back into institutions to talk to members. Todd shared that's hit everyone across the country. We have an administration that is interested in improving care.

Todd shared looking back over the years, transitioning people and getting qualified services were built into the grant and could use that to enhance program. Colorado did a great thing by incorporating TC into state plan but missed out on match of funds. This is a good opportunity to reinvigorate MFP 2.0 to move program forward.

Jenn shared that transition services helped her move into the community and very happy she was able to do that and wants others to have the same opportunity.

Martha said staff shortages are a huge issue and some people that they've gotten out of facilities have gone without staff for weeks. Extended CM the way it's set up now doesn't seem to be working. Matt said that with some of the nuances in that question, we need to discuss with support groups and asked to talk to Martha offline to discuss further. Matt Bohanan, Access Unit Manager: matthew.bohanan@state.co.us

Brad commented that he's been involved with transitions for over 17 years and had to hold off on transition for one individual for at least a month because they are not able to get unskilled/skilled care the individual needs. Looking at getting



individual on CDASS but this can also be difficult with everything involved with getting new person on payroll and FMS is raising fees. There are a number of problems getting people out of SNIF's and getting caregivers. How do we get over this hurdle? Matt asked Brad to reach out to him directly to discuss.

Shannon wondered if Todd has ideas on facility messaging that due to the pandemic, its safer to get services where you are at instead of at home. How to change mindset of some providers that it's more of a choice then safety? Todd said that's a great question, what one person deems safe differs from what others think is safe. The focus now is on helping people avoid the Delta variant and contracting Covid by getting vaccinated and wearing a max. How can we all work together to address concerns and approach to delivering service and implementing programs may be different in the future and may include addressing in a more flexible way.

Ian asked in the chat a general (federal jurisdiction) question for Todd around 1) coordination with HUD (payment standards for housing choice vouchers)? Todd said they do collaborate with partner at HUD and ACL to partner on different programs (811/HUD voucher). Should address this concern within CO community to keep conversation with State and have State have conversations with state HUD representative. 2) Is it a federal (CMS) or state (HCPF) decision as to whether the person asking nursing home residents if they would like to explore options for living in the community works for the same entity that benefits from filling beds in nursing homes (conflict of interest), or is a neutral 3rd party (e.g., Ombudsperson)? Todd said section Q question is added to MDS. Agrees it can be challenge for person to say they don't want to live there anymore. Todd will take back to colleagues to see if this question is coming back in other conversations.

Katy thanked Todd for time today, and all his work on MFP and advocacy at the Federal level and across the country. Todd said they are very proud of Colorado and to keep up the good work!

3. Program Updates

3:10 p.m.

Ann with DOLA thanked Ian for asking about payment standards and if they can have conversation with HUD about rural resort area and will follow up on that. Shared they have been talking with Ian and the Center for Independent Living (CIL) about this as well as home modifications and there's a bit of a roadblock with folks that enroll contractors and won't accept CIL as a provider. Larger conversation on how to change their minds so that CIL could be an intermediary for contractors in the billing process.



Courtney provided update that voucher applications are increasing in volume every month, they are getting average of 25 per month over the last quarter. They completed 23 briefings out of 25 applications last month so doing well with volume. Courtney held the 1st group briefing last week that went great, a small number of individuals were invited and TC's attended, and all went well and smooth. They are conducting another group briefing on the 9th and if all goes will increase people invited. Ann shared in the last year they averaged 19 briefings a month and all individually so being able to be more efficient to move up to 23 is a big move and helps them to keep up with applications.

4. MFP Proposal Review

3:30 p.m.

Matt provided update on Colorado MFP proposal and capacity grant that CMS released in response to the PHE. \$5M made available by CMS, Colorado submitted two different proposals for grant award and proud to have received approval for both in full. Calendar year is 2021 and 4 years to follow through end of 2025. Making long term plans with us, something we learn through and grow throughout the course how we can do things better and what it is we can do to improved. First proposal to develop MFP community grant and second is MFP Phase Project.

MFP community grant project creates grant opportunity similar to goals Todd provided earlier. Take same opportunity and how to expand to Transition Services. The grant project supported by vendor work and funding provided. There is a lot of development left to occur. There will be stakeholder engagement so that members impacted have a say in what it looks like. Built on MFP statute and will be competitive application-based process so that organizations that would like funding will apply with detailed proposal and include examples such as how outlined plan can increase number of overall transitions or decrease transition time. Outcome is it will be a collaborative effort to support work and projects focused on improvement. Great resource for TS organization and opportunity to work together to tackle projects discussed today.

MFP Phase Project will look at program evaluation, capacity building and innovation and is another vendor supported effort. There will be a vendor for each specific phase of this project. Program evaluation, to learn what we can do better. Measure efficacy and see how useful and effective programs are currently. Number of areas to explore to look at strength, numbers of providers, service rates, authorization levels, eligibility processes and explore number of areas that touch TS. Other piece for opportunity, what to move forward with and areas to enhance and build on. The pandemic provided opportunity to look at what the new environment needs to feel supported, what community needs and what members need. Evaluation will provide insight into where we look to take different approach to support others that haven't been supported in the past or



provide new supports in areas that need improvement such as housing. Evaluation project provides the opportunity to look at everything with a more even playing field. What we will really want to walk away with is environment that provides recommendations and strategies to move forward to the next phase.

Capacity building and program implementation will run parallel to each other. Capacity building looking at those areas where there are resource gaps and how we build resources in those areas. Want to take recommendations and identify those key areas, to give momentum to build provider capacity. Adequate services available no matter where you live in the state so that your needs are met.

Program Innovation phase runs parallel with capacity building. How to maximize resources, evolve from where we are now. Work smarter with opportunities we have in front of us. Capacity is not an issue, but we need better understanding of local resources and coordination of services to benefit members, providers and communities statewide. Rely heavily on recommendations coming out of evaluation phase. Create solutions and build capacity to create framework to advance informed choice to meet people where they are. How to bolster Transition Services program as a whole, opportunities with CFT (Community First Choice). One program may not fit the mold for everyone. Ian said he's very excited about MFP and CFT!

Matt shared a big part of this work will involve hiring additional staff and shared the Department is hiring 6 positions in part of the grant. Two within Access team, one to oversee grant operations and the other is how we can continue MFP and better processes. Eligibility position will be focused on how to complement other work. American Relief Plan Act provides resources, and this position will help to bridge the eligibility gap with program innovation and CFC as there is a lot of work being done. Timelines for this project outlined below. Big part of this year is hitting the ground running and a lot of work for Matt to identify goals and initial planning. Positions will be posted before the end of year.

2022- Year two- start bringing on vendors throughout application process. Launch community grant evaluation phase.

2023- Close our evaluation to learn from that and bring vendors on board for final two phases.

2024- Work for those 2 phases and then close out 2025 and recommendations with guidelines to follow.

Paige and Ian said all very exciting and thanked everyone for all the work the Department has done.



Cathie Martinez shared a concern, in order for individual to transition they need to have caregivers to staff as reimbursement issues for Medicaid providers is an issue. What can be done to address that? Matt shared we are in a workforce crisis as never experienced and exploring options but nothing concrete.

However, it is a priority across the board. Ian asked how we can use federal funds to help. Matt shared that for OCL there are a number of projects looking at ARPA to address this issue and leverage funding. Katy shared link in chat and encourage others to be engaged with the process.

HCPF ARPA: hcpf.colorado.gov/arpa

Ryan echoed Cathie's concerns with caregiver pay and continuity of care. Matt shared it is a concern but may not be something we can change with MFP. Will look at some things like this during phases.

Katy thanked everyone for their participation. She will post presentation on the Transition Stakeholder Advisory Council website:

hcpf.colorado.gov/transitions-stakeholder-advisory-council

5. Council Updates

3:30 p.m.

Clarice shared Jennifer Ochs' update that she started writing a blog to document her life after disability and wanted to share as it can be useful for people with disabilities. lifeafterdisability.blogspot.com/

Paige updated on the next to Education Sub Committee meeting which is September 8th at 9am, reach out to Paige and she will send Google invite. paige@atlantiscommunity.org

Amy shared that their clients need caregivers that really want to work as a caregiver. ILS training needed for clients or peer mentorship. Ian said there's a hiccup to make transition to acclimate to community before they transition. Clarice said it's a big shift transitioning as they facility handles most things for individual vs being in your own home and having others do things for you. Brad agreed that is a good point that Amy brought up, people may not know how to act once they are out but if people don't show up when they are scheduled that can cause high level of frustration and stress.

Cathie said the way they have dealt with that is depending on needs of client to have follow up care conference to include all caregivers, HH, IHSS and members of transition care team to see how all is going including behavioral issues instead



of just dropping then in community. As needed, they have that communication of care conferences to make that successful transition.

Amy said if providers aren't getting money for extra conferences, they may want to attend. How do we make this a win-win for everyone so that people show up and participate? Clarice said we should add to longer discussion, looking at March to make note to specifically talk about this.

Katy said we have added Home Health to the December meeting. Asked the group if it ok to move January meeting scheduled for the 7th to January 16th due to vacations? We are discussing zero income and members experiencing homelessness during that meeting. No objections so updating calendar and will put on TSAC website.

Clarice shared her email for people that want to send updates for future meetings. cambler@drcog.org

Action Items

Ian asked about re-determination for CDASS recipients and how we can stay informed. Matt needs to look into it further and will discuss with group next week.

- 6. **Open Forum** 4:10 p.m.
- 7. **Adjourn** 4:30 p.m.

Next Meeting October 7, 2021

Submit Questions, Issues, and Comments:

<https://forms.gle/iRZb5zWq5SyMctEe8>

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify John Barry at john.r.barry@state.co.us or the 504/ADA Coordinator at hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.

